



---

# **SANUM therapy for Hashimoto's thyroiditis**

**by Dr. Cornelia Arnoul and Franz Arnoul, Naturopaths**

Hashimoto's thyroiditis is an autoimmune disease of the thyroid, and cases have been occurring with increasing frequency over the past few years. Whilst as a rule this disease was previously limited to women over 40, nowadays younger patients of both sexes are also affected.

The nature of the disorder is characterised by progressive destruction of the thyroid parenchyma caused by infiltration by lymphocytes, together with increasing fibrosis until the parenchyma finally disappears, whilst at the same time a hard goitre without nodes develops (after Roche Lexikon Medizin, 1987; Horvi prescription book, 2000).

The hormone function is affected, with the initial hyperthyroidism turning into hypothyroidism as the disease progresses. The clinical symptoms of the initial stage include tachycardia, sweats, hair loss, diarrhoea and loss of weight; in the progressive stage symptoms of hypothyroidism predominate (the patient is sensitive to cold, quickly becomes exhausted, suffers constipation, slowing of the metabolism, muscular weakness, etc.). Blood tests show the presence of thyroglobulin antibodies, microsomes and colloid of the thyroid (TPO, TAK and TRAK). Darkfield microscopy shows an increase in the number of colloidal thecites (pointing to a predisposition to allergies and/or the autoimmune process and dysbiosis) and eosinophilia (Figs. 1 and 2).

In addition, a high endobiotic load and a strong paratubercular component can be recognised. Hashimoto's thyroiditis is often

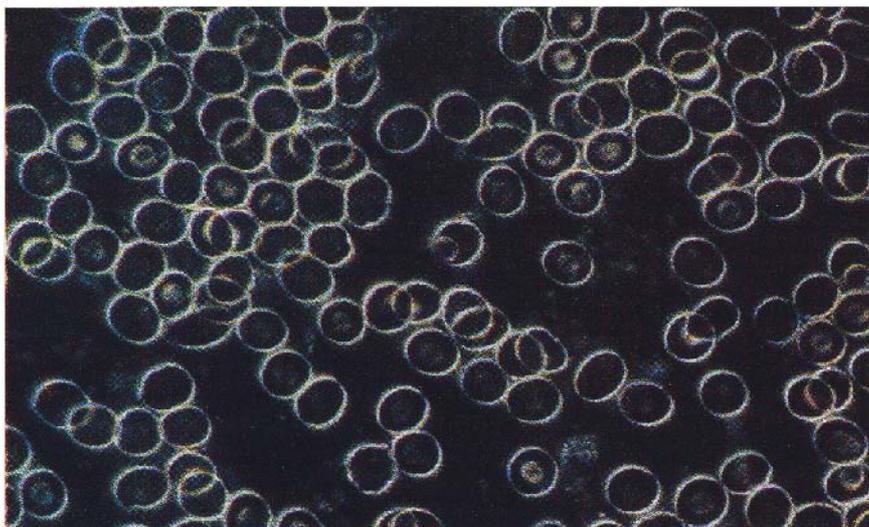


Fig. 1: Erythrocyte with intercellular colloidal thecites in the centre of the picture.

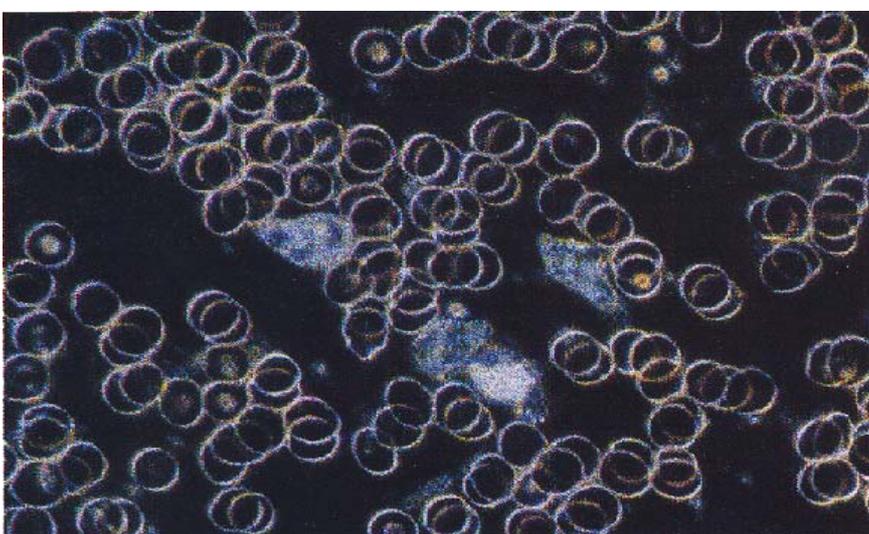


Fig. 2: Eosinophiles, together with a number of neutrophilic granulocytes.

associated with other autoimmune processes such as atrophic gastritis, pernicious anaemia, vitiligo, myasthenia, etc.

Possible triggers include: pollution of the environment (pesticides, heavy metals, etc.), food additives (e.g. preservatives) and the mercury contained in amalgam fillings which has a very high affinity with the thyroid.

### Therapy

The best patients to treat are those in the initial stage of Hashimoto's thyroiditis, as the process of

destruction of the thyroid parenchyma has not yet progressed very far. In these cases it is frequently possible to maintain or restore normal thyroid function (euthyroidism). Thyreostatic preparations which are used in the hyperthyroidism stage (carbimazole etc.) frequently have the effect of blocking therapy, but must not be stopped if the thyroid is clearly over-active. These preparations may only be withdrawn by agreement with the endocrinologist who is treating the patient once there is an improvement in the symptoms and the clinical values. Where the



disease is more advanced, with massive symptoms of hypothyroidism, the autoimmune process can generally be stopped but the destruction of the thyroid parenchyma which has already taken place can no longer be reversed. The thyroxin preparation prescribed in such cases must therefore not be withdrawn; however, if the therapy is successful it will be possible to reduce the amount of hormone given.

As in every chronic disease, healing of autoimmune thyroidism can be achieved only if the treatment given is holistic. Very often there is a problem with the intestinal flora of affected patients. Different pathogenic forms from the *Mucor racemosus cyclode* can be recognised in tests of the native blood using the darkfield microscope (e.g. colloidal thecites filites, *Leptotrichia buccalis*). Furthermore there is a strong shift in the acid-base balance. Successful therapy of autoimmune thyroidism requires the following stages of treatment:

- Treatment of the thyroid autoimmune process with various SANUM preparations in combination with complex homeopathic remedies (see below)
- Restoration of the damaged intestinal flora using FORTAKEHL, NOTAKEHL, PEFRAKEHL and, if applicable, in cases where there are intestinal mycoses (*Candida albicans*) using ALBICANSAN and EXMYKEHL. If different types of *Candida* are present in the intestinal flora, the following

treatment scheme (after Arnoul) presents itself:

1<sup>st</sup> day: 5 drops ALBICANSAN  
2<sup>nd</sup> day: 8 drops FORTAKEHL  
3<sup>rd</sup> day: 5 drops PEFRAKEHL  
4<sup>th</sup> day: 5 drops NOTAKEHL,  
and so on.

The drops should be taken in the morning on an empty stomach. The corresponding capsules may be taken in accordance with the above scheme by patients who are less reactive (in each case one capsule replaces the number of drops shown above), and EXMYKEHL suppositories are used anally 2 to 3 times a week.

- Stimulation of the processes of detoxification and excretion. In patients with amalgam fillings, the therapist needs to collaborate with a holistically oriented dentist. In our practice, excretion treatment according to Dr. Klinghardt has proved its worth: this uses Bio Reu Rella tablets (*Chlorella*), a coriander remedy, together with Phoenix Solidago and PINIKEHL. The *Chlorella* supplement which is rich in vitamin A is however prescribed in considerably lower doses (maximum 2 x 2 or 2 x 4 tablets), as otherwise one cannot exclude the possibility of a damaging overdose of the fat-soluble vitamin. This type of excretion should only be used if all amalgam fillings have been removed.
- Restoration of the body's own symbiosis and of the damaged acid-base balance. The following preparations from the company SANUM are particularly suitable for regulating the milieu:

SANUVIS, CITROKEHL (orally or intramuscularly) and/or ALKALAN.

The autoimmune process of the thyroid is treated with the following injections:

1 amp. MUCOKEHL + 1 amp. NIGERSAN + 1 amp. UTILIN "S" "weak" + 1 amp. lycoactin.

Lycoactin (from Steigerwald) may also be prescribed in this combination for patients with hypothyroidism; there is no proof that any existing thyroid insufficiency has increased as a result. The potencies and/or strengths of the medications should be selected according to the position of the patient with regard to reactivity and varied in the course of the therapy. The mixed injection shown above is given with the following combination in weekly rotation:

1 ampoule NOTAKEHL +  
1 ampoule NIGERSAN +  
1 ampoule RECARCIN +  
1 ampoule lycoactin.

UTILIN "S" and RECARCIN may also occasionally be replaced by UTILIN.

The injections are generally given intramuscularly. In patients with diminished reactivity the mixtures without RECARCIN, UTILIN and UTILIN "S" are injected via the two corresponding points in the sacral segment S2. These two points lie approx. one to two fingerwidths to the side of the coccyx and one to two fingerwidths caudally from the lower end of the sacrum (Fig. 3).

If you press lightly with your finger you can feel two depressions about the size of a penny. During the

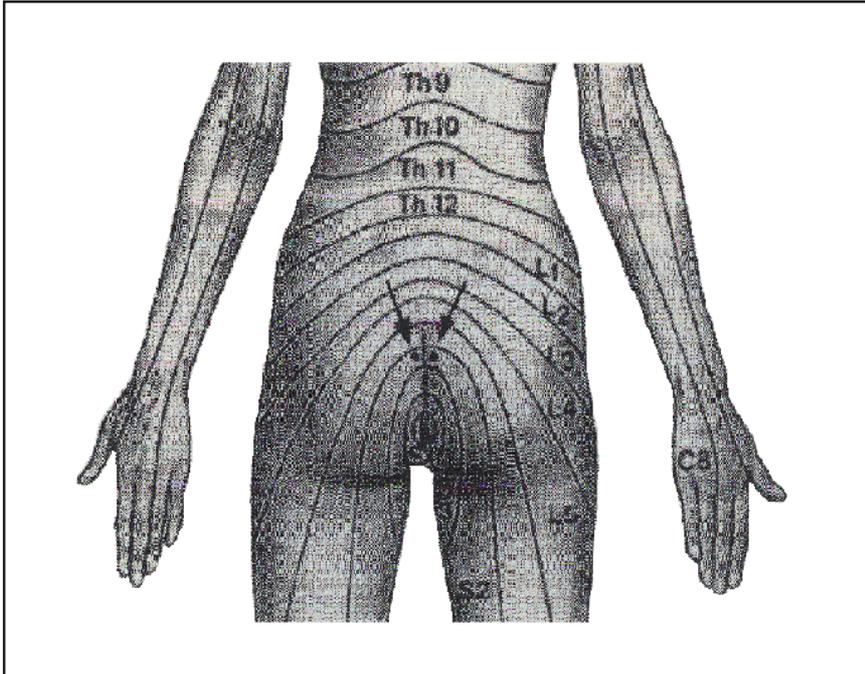


Fig 3: Injection points in sacral segment S2.  
(Illustration from the picture atlas of neural therapy [Bildatlas der Neuraltherapie] by Mathias Dorsch, published by Haug.)

treatment the patient stands in front of the examination couch with his/her upper body slightly bent over. The injection is given using a dental cannula (0.5 x 4 cm) which is introduced at right angles to the skin. A longer cannula is used for more corpulent patients. According to the degree of adipositis, the needle is

introduced to a depth of 3 – 5 cm. Half of the solution is injected at each point.

However, UTILIN “S” “medium“, UTILIN “medium“ and RECARCIN “strong“ must not be given via the two S2 points because of the possibility of strong localised

reaction. These preparations are then given as a separate intramuscular injection.

Patients who have reached the stage of pronounced hypothyroidism are also treated with Spongia 013B drops from Phoenix in addition to the injections described above. As a rule Hashimoto’s thyroiditis can be cured using the treatment scheme as described.

A prerequisite for favourable progress is of course patience of patients and therapists alike. Only in very few cases, the therapy blockades are so severe that treatment remains unsuccessful.

**Bibliography:**

- Horvi prescription book, 2000
- Roche Lexikon Medizin [Roche Medical Encyclopaedia], 1987

**First published in the German language in the SANUM-Post magazine (60/2002)**

**© Copyright 2002 by Semmelweis-Institut GmbH, 27318 Hoya (Weser), Germany**

**All Rights Reserved**